

### DRIVER REGISTRATION FORM

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

NYS Drivers License # \_\_\_\_\_

**VEHICLE;** Vehicle to be used by volunteer for ministry

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Do you own vehicle?  yes  no

**INSURANCE:**

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering a specific vehicle.

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Date of Policy Expiration \_\_\_\_\_

Liability Limits of Policy \_\_\_\_\_

List and describe serious accidents or moving violation in the past five years.

\_\_\_\_\_ I agree that I will not allow smoking when children/youth are present in my vehicle.

\_\_\_\_\_ I agree that all passengers in the vehicle must wear seat belts, according to New York State Law.

**CERTIFICATION**

I certify that the information given on this form is true and correct of the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport youth.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

*(please attach a copy of your driver's license and insurance)*

9/2006